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				Veronica Pula	1	(Depositor's name)
				(Hu	e ·	(Signature)
				Jap. 1,2006		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INV		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/694,071	10/19/2000	Jared E. Bobbit			004933.P002	7888
TITLE OF INVENTION: SO	CALABLE NETWORK FIL	LE SYSTEM				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700)	\$0 .	\$700	09/29/2005
EXAMINER		ART UN	IT CL	ASS-SUBCLASS		
ROJAS, MIDYS			9 711-154000			
Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	ence address (or Change of 12) attached. ion (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B	Correspondence ution form of a Customer E PRINTED ON 1	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) edata will appear on the patent. If an assignee is identified below, the document has been filed for			
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EMC Corporation Hopkinton, Massachusetts						
Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the patent):	Individual Co	orporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s)						
Issue Fee	A check in the am	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.				
Publication Fee (No small entity discount permitted) Advance Order - # of Copies4			The Director is hereby <u>authorized by charge</u> the required fee(s), or credit any overpayment, to Deposit Account Number			
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Authorized Signature	Willia.	~ OD_	mea	Date	1/31/06	
Typed or printed name			40,661 Registration No.			
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